ALBIT 610 S. MCDONOUGH STREET MONTGOMERY, ALABAMA 36104

Name:	
License / Permit #:	
Date:	

CONTINUING EDUCATION REPORTING FORM

(Make copies as needed)

Notice: In addition to processing required documentation, the Board will audit a number of randomly selected license/permit holders to assure the continuing education requirements have been met. The Board may request further verification of credits submitted. The license/permit holder shall maintain and make available upon request the documentation required by this rule for a period of two years following the renewal period to which the continuing education credits were applied.

2 CEU (20 contact hours) required for annual renewal.

*	Sponsoring Organization:	□ RID	☐ Gallaudet	□ ALBIT	
	Location of Workshop: Title:				
	Dates:			Hours Earned:	_
*	Sponsoring Organization:	□ RID	☐ Gallaudet	□ ALBIT	
	Principal Instructor:				
	Dates:			Hours Earned:	_
*	Sponsoring Organization:	□ RID	☐ Gallaudet	□ ALBIT	
	Location of Workshop: Title:				
	Brief Description:				
	Principal Instructor:				
	Dates:				_
Pa	ige of Signatu	re:		Total Hours:	